

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Housing Authority of the City of Norman PHA Code: OK139 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/2011				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 173 Number of HCV units: 1186				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
6.0	PHA Plan Update <ul style="list-style-type: none"> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No elements have been revised other than HUD mandated changes such as income limits, payment standards and utility allowance schedules. We did retype and structure the Administrative Plan to align with the new outline used by Nan McKay, but again no elements were changed. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Our Five Year and Annual PHA Plan can be reviewed or receive a copy of at our administrative office, which is located in the same parking lot as the Public Housing office. Our City of Norman office is also given a copy that is placed with their plan. Also, our RAB received copies of our Annual Plan tables. 				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> <p>The Housing Authority of the City of Norman has a Section 8 Homeownership program with two participants. The home closings were in 2004-2005 and have managed to maintain their mortgage and upkeep of their home. We are working on increasing this program within the next 12 months.</p> <p>Our Section 8 Program does Project-Based Vouchers with several agencies in our area, but never exceeds the rule of no more than 20% of the baseline units. Currently we are using 9% of our baseline for Project-Based Vouchers.</p>				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The Public Housing waiting list currently has 91 approved applications and the Section 8 Program waiting list currently has 821 approved applications. Of these approved applications 81% are extremely low income, 51% families with children, 9% elderly families, 22% families with disabilities, 73% race/ethnicity White, 17% Black/African American, 8% American Indian and 1% Asian. The bedroom size needed in each waiting list is equal, except a higher need for one bedrooms in Public Housing.</p> <p>The Housing Authority of the City of Norman plans to address these needs by applying for additional Section 8 Vouchers if they become available and to continue to pursue housing resources other than Public Housing or Section 8 Tenant-Based Assistance.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The Housing Authority of the City of Norman plans to maximize the number of affordable units available within its current resources by reducing turnover time for vacated Public Housing units, ensure access to affordable housing among families assisted by the Housing Authority regardless of unit size required, maintain Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of the program and participate in the Consolidated Plan development process to ensure coordination with broader community strategies.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Public Housing properties have been rehabbed and are looking very much in line with non assisted properties. Vacancy rates in Public Housing are very low. Section 8 program utilization rate is high. Staff received more Homeownership training to further our Section 8 Homeownership Program. Continue to receive new landlords into our Section 8 program through training and outreach. Purchased another 2 units, total now of 22, through public funds to bring back affordable rental units to our area. The Housing Authority of the City of Norman is a High Performer.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" a "substantial deviation/modification" Substantial Deviation from the Five Year or Annual Plan shall be a change other than HUD mandated, or required due to financial hardships of the Housing Authority of the City of Norman to include funding cuts by HUD. Shall not be for the Capital Fund changes needed to address emergency repairs of items threatening the life, safety, health or property of the residents of the Housing Authority of the City of Norman.</p> <p>Significant Amendment or Modification of the Annual Plan is anything not listed above.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PILAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2011	
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account			
		Total Estimated Cost ¹	Total Actual Cost ¹
	Original	Revised ²	Obligated
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 2) ³	25,000	
3	1408 Management Improvements	15,000	
4	1410 Administration (may not exceed 10% of line 2)		
5	1411 Audit	4,600	
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	91,000	
10	1460 Dwelling Structures	100,400	
11	1465.1 Dwelling Equipment—Nonexpendable	1,000	
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PFAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FFY of Grant:2011 FFY of Grant Approval:		
Type of Grant	PHA Name: NORMAN HOUSING AUTHORITY	<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report
Line	Summary by Development Account	Total Estimated Cost	Revised²	Total Actual Cost¹
		Original	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant: (sum of lines 2 - 19)	237,000		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures	4,600		
Signature of Executive Director		Date 2/22/11	Signature of Public Housing Director	

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: NORMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No); Replacement Housing Factor Grant No:		Federal FFY of Grant: 2011				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Original	Revised ¹	Total Actual Cost	Status of Work
AMP 1	KITCHEN & BATH REHAB	1460	30	100,400				
AMP 1	APPLIANCES	1465.1	2	1,000				
AMP 1	LAWN TREATMENT	1450					15,000	
AMP1	CURB, SIDEWALK, PARKING REPAIR	1450					76,000	
HA WIDE	OPERATIONS	1406					25,000	
HA WIDE	TRAINING	1408					6,000	
HA WIDE	UNIFORMS/EQUIPMENT	1408					6,000	
HA WIDE	COMPUTER UPGRADES	1408					3,000	
HA WIDE	ENERGY AUDIT	1411					4,600	
TOTAL							237,000	

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: FFY of Grant Approval: 2010	
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950110 Replacement Housing Factor Grant No: Date of CFP:		
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/2011	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
1	Total non-CFP Funds	Revised ²	Expended
2	1406 Operations (may not exceed 20% of line 2) ³	30,000	0
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)	4,556	0
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	203,734	0
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010	
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950110 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/2011		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	238,290	0
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date <i>2/22/11</i>	Signature of Public Housing Director
Date			

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

A2.2 To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
CMB No. 2577-0226
Expires 4/30/2011

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FFY of Grant: 2009 - ARRA	
PHA Name: NORMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK5613950109 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant Approval: FFY of Grant Approval:	
<input type="checkbox"/> Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account					
				<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
				Total Estimated Cost ¹	Total Actual Cost ¹
				Original	Expendited
				Revised ²	Revised
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 2) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 2)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	60,510	8,800.00	8,800.00	8,800.00
10	1460 Dwelling Structures	225,414	232,855.63	232,855.63	232,855.63
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	0	38,467.00	38,467.00	38,467.00
13	1475 Non-dwelling Equipment	15,000	20,801.37	20,801.37	20,801.37
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant:2009 - ARRA	
PHA Name:	Grant Type and Number	FFY of Grant Approval:	
NORMAN HOUSING AUTHORITY	Capital Fund Program Grant No: OK56S13950109 Replacement Housing Factor Grant No: Date of CFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
	Original	Revised ²	Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	300,924	300,924
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date <i>2/22/11</i>	Signature of Public Housing Director

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Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program, Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

To be completed for the Performance and Evaluation Report or a Revised Annual Statement

To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
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OMB No. 2577-0226
Expires 4/30/2011

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009 CFP - NON ARRA FFY of Grant Approval:	
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13990109 Replacement Housing Factor Grant No: Date of CFFF:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/1/2011			
Line	Summary by Development Account	Original	Total Actual Cost ¹
		Revised ²	Obligated
1	Total non-CFP Funds		25,000
2	1406 Operations (may not exceed 20% of line 21) ³	25,000	25,000
3	1408 Management Improvements	6,000	0
4	1410 Administration (may not exceed 10% of line 21)	8,000	0
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	15,000	12,650.50
10	1460 Dwelling Structures	187,867	0
11	1465.1 Dwelling Equipment--Nonexpendable		
12	1470 Non-Dwelling Structures		
13	1475 Non-Dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

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 Expires 4/30/2011

Part I: Summary		FFY of Grant:2009 - NON ARRA		
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950109 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval: FFY of Grant Approval:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/1/2011		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Total Actual Cost ¹ Expended
Original		Original	Obligated	
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)	241,867	37,650.50	37,650.50
20	Amount of Annual Grant... (sum of lines 2 - 19)			
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures	26,000	0	
Signature of Executive Director <i>[Signature]</i>		Date <i>[Date]</i>	Signature of Public Housing Director <i>[Signature]</i>	

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 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: NORMAN HOUSING AUTHORITY

Grant Type and Number
 Capital Fund Program Grant No: OK56P13950109
 CFFPP (Yes/ No);
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009 CFP - NON ARRA

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Work
					Original	Revised ¹	
HA WIDE	LAWN TREATMENT & CARE	1450		13,000		12,650.50	Ongoing
	STAFF DEVELOPMENT	1408		6,000		0	Ongoing
OPERATIONS		1406		25,000		25,000	Complete
ADMINISTRATION		1410		8,000		0	Ongoing
OK56P139001	WATER CONSERVATION RETROFIT	1460	91	2,000	0	0	Ongoing
OK56P139002	INSULATION OF UNITS	1460	38	12,000	0	0	Ongoing
	ROOF & SIDING REPAIR	1460	38	97,734	0	0	Ongoing
	LANDSCAPE WORK	1450	1	1,000	0	0	Ongoing
OK56P139003	INSULATION	1460	38	12,000	0	0	Ongoing
	ROOF & SIDING REPAIR	1460	38	64,133.00	0	0	Ongoing
	LANDSCAPE WORK	1450	1	1,000	0	0	Ongoing
TOTAL				241,867	37,650.50	37,650.50	

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² To be completed for the Performance and Evaluation Report.

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

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Expires 4/30/2011

¹⁴ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008	
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950108 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/2009	<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
	Original	Revised ²	Obligated Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 2) ³	66,734	41,714.96
3	1408 Management Improvements	0	0
4	1410 Administration (may not exceed 10% of line 2)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	0	0
10	1460 Dwelling Structures	171,000	196,019.04
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-Dwelling Structures		
13	1475 Non-Dwelling Equipment	0	0
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

¹To be completed for the Performance and Evaluation Report.

²To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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Part I: Summary		FFY of Grant:2008 FFY of Grant Approval:	
Type of Grant		<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies
		<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no.) <input checked="" type="checkbox"/> Final Performance and Evaluation Report
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
Line	Original	Revised ²	Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	237,734	237,734
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date 2/2/11	Signature of Public Housing Director
Date			

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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.